

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31655

7896

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) St. Louis c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 5924 Hamilton Terrac				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d. STREET ADDRESS (If rural, give location) 5924 Hamilton Terrac			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) E. c. (Last) GAUVIN		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16/50.		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 27, 1882.		9. AGE (In years last birthday) 67		10. CITIZEN OF WHAT COUNTRY? U.S.	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Edward Gauvin		13b. MOTHER'S MAIDEN NAME Lillie Miner	
14. NAME OF HUSBAND OR WIFE Josephine V. Gauvin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 718-03-6190.		17. INFORMANT'S SIGNATURE OR NAME Wm. Gauvin	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic renal disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 4:20 P.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201				22. I hereby certify that I attended the deceased from Feb , 19 49 , to Sept , 19 50 , that I last saw the deceased alive on 9-8 , 19 50 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE J. W. Clark		23b. ADDRESS 8212 S. Broadway		23c. DATE SIGNED 9-17-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 19/50.		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	
25. FUNERAL DIRECTOR'S ADDRESS 1125 Hodiamont Ave.,		DATE REC'D BY LOCAL REG. SEP 18 1950				REGISTRAR'S SIGNATURE J. W. Clark	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. L.T. Weyerlich,
8212A North Broadway
CO. 7600.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elmo R Cadwell

Licensed Embalmer No. 4077

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.